2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 741782

1. Entity Name
TWO BY TWO, INC.

Principal Place of Business	Mailing Address
3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES, FL 34103 US	3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES, FL 33942 US

DO NOT WRITE IN THIS SPACE

04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1988343

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN, MARY REZNOR
197 SILVERADO DRIVE
NAPLES, FL 34119

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORD, ELINOR
STREET ADDRESS	2088 ALAMANDA DR
CITY-ST-ZIP	NAPLES, FL
TITLE	SDT
NAME	BRAUN, MARY
STREET ADDRESS	4980 TAMARIND RIDGE DR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VPD
NAME	MELLINGER, ED
STREET ADDRESS	C/O 2096 ALAMANDA DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80082-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute s. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; an d that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary R Braun 4.24.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #